

Batterer Intervention Standards for the State of Michigan

Created by The Governor's Task Force on Batterer Intervention Standards

June, 1998

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Table of Contents

CONTRIBUTORS

BATTERER INTERVENTION STANDARDS

- 1.0 Purposes of Standards
- 2.0 Purpose and Philosophy of Batterer Intervention
- 3.0 Program Innovation
- 4.0 Definitions
- 5.0 Admission
- 6.0 Mandatory Reporting
- 7.0 Program Content and Structure
- 8.0 Program Policies
- 9.0 Program Staff
- 10.0 Collaboration and Coordination with the Community

APPENDIX A: LETHALITY EVALUATION

APPENDIX B: FIA 3200 REPORT

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**THE GOVERNOR’S TASK FORCE:
BATTERER INTERVENTION STANDARDS
FOR THE STATE OF MICHIGAN**

1.0 Purposes of Standards

Batterer intervention standards:

- 1.1 Provide guidelines for ethical and accountable intervention systems to better protect victims and other family members.
- 1.2 Provide a framework for the use of batterer intervention as a part of the continuum of the coordinated community response to this criminal behavior.
- 1.3 Establish the minimum level of respectful, humane, consistent, and appropriate intervention provided to persons convicted of a domestic violence related criminal charge.
- 1.4 Enhance public awareness of domestic violence issues, give batterers increased access to appropriate intervention services, and reinforce the concept that violent behavior is unacceptable.
- 1.5 Assist in helping judges and others identify Batterer Intervention Services (BIS) that are reliable, predictable and responsive sources of intervention.
- 1.6 Provide the public and the court with realistic expectations of service.

2.0 Purpose and Philosophy of Batterer Intervention

Domestic Violence is an epidemic and deserves everyone’s attention. A coordinated community response is the most effective intervention and the BIS is a vital part of that continuum.

As part of the coordinated community response, the BIS must be consistent and accountable. It must be part of the coordinated community response. The BIS is not punishment; it provides an opportunity for batterers to change their criminal behavior. It must not take the place of jail, probation, or other monitoring.

Batterer intervention programs must strive to promote increased safety for victims, children, and other family members.

3.0 Program Innovation

Variance from standards must be done in conditions that assure that the highest standards for victim safety, participant rights and other ethical concerns are met.

The following methods may be used to ensure legitimate innovations:

- a) Scientific research conducted under the supervision of an Institutional Review Board, which extensively reviews the procedures to ensure safety and ethical treatment of participants in the research.

- b) Written requests to the BIS's local domestic violence coordinating council, detailing: the innovation to be attempted, the rationale for the innovation and the need to vary from the existing protocol to accomplish the innovation, the procedures taken to safeguard victim safety and the participants, and the method for evaluating the innovation.

4.0 Definitions

4.1 Domestic Violence.

Domestic Violence is a pattern of controlling behaviors, some of which are criminal, that includes but is not limited to physical assaults, sexual assaults, emotional abuse, isolation, economic coercion, threats, stalking and intimidation. These behaviors are used by the batterer in an effort to control the intimate partner. The behavior may be directed at others with the effect of controlling the intimate partner.

4.2 Batterer.

Batterer refers to the individual who uses any of the above behaviors to control the victim.

Note: This document refers to batterers who are male, reflecting the predominant pattern of domestic violence. Most men are not batterers, but most batterers are men. Female battering towards males occurs, as does battering in lesbian and gay relationships, but until more is known about appropriate intervention in such relationships, these standards will apply to a BIS for men who batter.

4.3 Victim.

Victim refers to the individual who is abused and whose behavior the batterer attempts to control.

4.4 Criminal behavior in domestic violence situations.

Criminal behavior in domestic violence situations may be directed against the person, property, animals, associates and family members of the victim. It may include violation of any criminal law and is not limited to physical assaults, sexual assaults, threats or stalking behavior.

4.5 Re-Offense.

Re-Offense is any criminal act or violation of court order relating to domestic violence that occurs after the batterer has enrolled in a BIS, regardless of whether the act results in arrest and/or prosecution.

4.6 Contractual Discharge.

Contractual Discharge refers to an ending of service following a batterer's successful completion of criteria required by a BIS.

4.7 Noncompliance Discharge.

Noncompliance Discharge refers to an ending of service following discharge of a batterer due to noncompliance with criteria required by a BIS.

5.0 Admission

5.1 Intake.

A comprehensive intake will be administered to all individuals seeking services. It will include personal and family history, medical history, violence history, criminal history, lethality evaluation, drug and alcohol use screening, and mental health screening. Intervention service providers shall provide treatment and/or appropriate referral and follow-up for batterers who have concurrent alcohol/drug, medical or mental health problems. Treatment for drug/alcohol, medical, or mental health problems shall not be substituted for BIS.

5.2 Lethality Evaluation.

Lethality evaluation must be ongoing and not limited to intake. All batterers are dangerous. Some are more likely to kill than others, and some are likely to kill at specific times. It is very possible that a batterer may be lethal without demonstrating any of the following indicators. The following indicators of increased lethality risk shall be included in a lethality evaluation:

- Degree of ownership the batterer expresses regarding the victim;
- Threats of homicide;
- Threats of suicide;
- Possession of or access to weapons;
- Rage;
- History of past abuse;
- Fantasy of homicide or suicide;
- Obsessiveness about victim (or the victim's family/friends);
- Centrality of victim to batterer;
- History of stalking;
- History of holding victim captive;
- History of pet abuse;
- Victim making plans to leave or has already left;
- Drug and/or alcohol usage;
- Access to the victim and her family;
- Number of times police have been called to the house;
- Level of risk-taking by the batterer;
- Acute mental health problems;
- History of depression;
- History of anti-social behavior; and
- Violence in the family of origin.

See Appendix A for further information on lethality evaluation.

6.0 Mandatory Reporting

6.1 Duty to Warn and Reporting Child Abuse and Neglect.

The BIS must educate itself about the duty to warn and other mandatory reporting obligations designed to protect victims and children from violence. The BIS is advised to obtain legal advice on this complex and critically important issue. BIS staff shall comply with all legally mandated reporting requirements regarding suspected child abuse and neglect and the duty to warn third parties. Nothing in this document shall be construed to expand or limit a legally created obligation to report. See Appendix B for sample FIA report 3200.

6.2 Reporting Criminal Behavior.

BIS staff must report to probation, the court and/or Child Protective Services any criminal behavior or violation of court order relating to domestic violence that is relayed by the batterer during the course of service.

7.0 Program Content and Structure

7.1 Curriculum.

Programs may use diverse intervention methods and techniques to accomplish the primary goal of ending batterers' use of violence and abuse. The curriculum of the educational component shall, at a minimum, include:

- a) *Identification and confrontation of abusive and controlling behaviors to victims including partners and children.*
- b) *Identification and discussion of the effects of violence and abuse on victims, including children who witness such abuse.* The short and long term effects of violence on victims and children shall be enumerated. The program staff shall understand, present and attempt to teach batterers to see the perspectives of the victim and children.
- c) *Promotion of responsibility and accountability.* This includes identification and confrontation of excuses for abuse. Programs will promote the fact that abuse is the sole choice and responsibility of the batterer. Abuse is never justified.
- d) *Identification of cultural and social influences that contribute to the choice to use abusive behavior.* These issues shall not be allowed to excuse or justify individual responsibility for abuse.
- e) *Identification and practice of non-threatening and non-abusive forms of behavior.* Batterers are expected to learn non-abusive and responsible ways of treating the victim(s) and children.

7.2 Modality.

- a) *Group intervention.* Group intervention shall be the primary modality. Individual sessions may be provided for intake and assessment purposes, and may augment group intervention. Individual sessions shall not be substituted for group sessions except in special cases where individuals have medical or mental impairment, acute psychiatric disorder(s), or significant language barriers which interfere with group participation.
- b) *Group size.* To promote quality service and maximum interaction, optimum group size is 3-15 participants.

- c) *Group facilitation.* For the purpose of modeling healthy egalitarian relationships and to monitor the group process, groups should be co-facilitated by one male and one female facilitator, when practicable.
- d) *Mixed gender groups.* To most effectively deal with issues of gender and violence, groups for batterers should not include women as participants. Mixed groups might place women participants in danger, or disadvantage them, as they may be also dealing with issues of victimization by male partners.

7.3 Contra-Indicated Modalities and Methods.

Some procedures have a high potential for negative results and therefore cannot be used safely for batterer intervention. Programs should be aware that techniques or procedures which are well-intentioned and useful in some contexts may have counterproductive results when implemented with batterers. Therefore programs should scrutinize any procedure or technique to assess the potential for harm in the context of their overall approach.

A number of approaches have been criticized in the literature as potentially harmful or counterproductive for ending a batterer's abusive behavior. Procedures or techniques are inappropriate if: 1) they endanger the safety of victim(s) by disclosing confidential information or bringing victim(s) into contact with the batterer; 2) they reinforce the batterer's denial of responsibility for his abusive behavior; 3) they blame the victim for the batterer's abusive behavior; or 4) they otherwise support the batterer's entitlement to abuse or control the victim.

a) *Inappropriate Intervention.*

Any intervention approach or practice that blames or intimidates the victim or places the victim in a position of danger is not appropriate.

- b) *Couple and Family Counseling.* Couple counseling and/or family therapy are inappropriate as primary intervention for batterers. These approaches may endanger the victim by placing her in the position of self-disclosing information that the batterer may subsequently use against her, and by giving the batterer an opportunity to have contact with her and other family members. Such approaches avoid fixing sole responsibility on the batterer and may implicitly blame the victim for the abuse, even when statements to the contrary are made by counselors. Family or couple counseling may reinforce power differences between family members and can leave victims at a disadvantage.
- c) *Alternative dispute resolution.* Criminal acts are not a subject for negotiation or settlement between the victim and perpetrator, because the victim does not have any responsibility for changing the perpetrator's criminal behavior. Accordingly, batterers should not be referred to alternative dispute resolution services in lieu of batterer intervention. Such services typically include mediation, community dispute resolution, and arbitration. Besides being inappropriate to address criminal behavior, these services—which require equal bargaining power between the parties—cannot operate fairly in situations involving domestic violence. Batterers exercise control in violent relationships, and alternative dispute resolution services afford them further opportunity to wield this dangerous control over the victim.
- d) *Other potentially harmful techniques.* Among the approaches that may reinforce denial are those that identify psychopathology, poor impulse control, addiction, early childhood experiences or skills deficits as the **primary** cause of battering. However, there may be acceptable use of methods deriving from these approaches if they are integrated in a program that fulfills the requirements as outlined previously in Section 7.1e. For example, psychodynamic approaches emphasizing early childhood experience as the **primary** cause of battering may lessen the

batterer's responsibility for his behavior. On the other hand, some attention to past experiences as a victim of violence in childhood could be an acceptable, and potentially helpful component of batterer intervention. Similarly, emphasizing lack of skills such as anger management, stress management, or communication skills as the primary cause of battering may be counterproductive, but teaching those skills as part of a broader program is acceptable.

As discussed in section 7.3b, systems or couple approaches have been criticized for contributing to a belief in victim responsibility for violence. Other approaches seen as victim blaming include addiction approaches that identify victims as codependent or enablers, and approaches that identify a victim's psychopathology as provoking battering. Programs which allow batterers to focus on the victim's behavior or denigrate women contribute to victim blaming.

A number of techniques may contribute to the batterer's belief in his entitlement to abuse or control the victim. Approaches which identify men as heads of households, with the power to chastise and discipline victims, may promote continued abuse, even if the program specifically discourages physical abuse. Programs which promote physical or cathartic expression of anger may contribute to the belief that physical expression of anger is necessary and encouraged. Programs which use abusive or hostile confrontation techniques may reinforce belief in entitlement to the use of abusive control in other interpersonal relationships.

7.4 Completion Criteria for Contractual Discharge.

BIS providers shall adopt criteria for contractual discharge which must include, but are not limited to the following. The batterer meets the minimum criteria for completion when:

- a) He has attended the minimum number of sessions as required by the program; and
- b) There have been no reported incidents (e.g. police, self report, victim report (if authorized), or any other sources) of physical violence since he began or restarted the BIS; and
- c) The batterer appears to have ceased threatening, harassing, stalking, having unwanted and/or prohibited contact, or gathering information regarding the victim and/or children; and
- d) The batterer acknowledges that he assaulted, abused, and controlled the victim and/or children by choosing to use patterns of coercive control to gain advantage; and
- e) The batterer acknowledges that he was NOT out of control and that it is his responsibility to be aware of, and stop, his battering; and
- f) The batterer has participated in the intervention sessions by talking openly and processing personal behaviors; and
- g) The batterer has complied with other services received as a condition of the batterer intervention. For example, the batterer is accountably responding to any history of drug/alcohol problems; and
- h) The batterer has met the financial agreements of the BIS.

The BIS will notify the referral source that contractual discharge is not an assurance that the batterer will not re-offend.

7.5 Criteria for Noncompliance Discharge.

The BIS provider shall adopt a policy covering noncompliance discharge. Many factors may constitute reason to discharge a participant based on noncompliance; they include, but are not limited to:

- a) Continued domestic violence, particularly physical violence;
- b) Failure to make appropriate use of the intervention service;
- c) Failure to comply with other intervention conditions or provisions which are a part of the participant's contract, such as involvement in a treatment program for alcohol/drug problems, failure to continue involvement with mental health treatment, etc.;
- d) Violation of BIS program policies or group rules;
- e) Violation of any provisions of a court order, particularly when the participant is court-mandated to intervention;
- f) Criminal behavior;
- g) Failure to pay fees.

8.0 Program Policies

Program policies shall be made available to each participant upon admission.

8.1 Participant Rights.

Each program must have a written policy outlining participant rights. That policy must be provided to each participant upon admission.

8.2 Confidentiality.

The BIS shall not disclose, without the written consent of the participant, any confidential communications made by the participant to the intervention provider during the course of intervention; nor shall a BIS program employee, volunteer or associate, whether clerical or professional, disclose any confidential information acquired through that individual's work capacity; nor shall any person who has participated in service delivery under the supervision of a BIS provider, including, but not limited to, group sessions, disclose any knowledge gained during the course of such intervention without the consent of the person to whom the knowledge relates. *See exceptions to confidentiality in Section 6.0, Mandatory reporting.*

8.3 Permission to release information.

Participants must be advised of the program policy on confidentiality. As a condition of receiving service, all participants are required to sign an information release authorization, granting permission to the BIS to release specific information to the following parties: Batterer's victim(s) and the referring court and probation department. Programs may want to also consider requiring signed information release authorizations to the local prosecuting attorney's office and law enforcement.

8.4 Cooperation with Domestic Violence Service Providers.

Domestic violence service providers should be invited to participate in developing and regularly reviewing the BIS's policies and procedures, especially those regarding victim safety.

8.5 Contact with Victims.

The BIS must have a policy and procedure for informing victims about the program. The BIS must caution the victim that the BIS does not guarantee the victim's safety, nor that the batterer will change. In addition, the BIS must provide information and referrals to the victim. Victims always have the right to refuse contact with the BIS.

Due to conflict of interest, staff working in a BIS will not also provide services to the victim of a participant.

8.6 Cultural Competency.

Each program must analyze how it is responding to cultural differences among participants and staff. Additionally, it must have a plan for culturally competent practice which may include referrals to appropriate culturally-based services.

8.7 Fees.

Each program must have a written payment policy including provisions for indigent participants. That policy must be provided to each participant. Participants are expected to contribute to the payment of the program. MCL 769.4a(2) provides for “the accused to pay the reasonable costs of the program.”

- a) The fee for the intake and evaluation phase of the program may be charged separately from the fees for the program.
- b) The payment of the fee may be made a condition of probation.

NOTE: Billing insurance companies for payment of service fees is strongly discouraged. Insurance companies often require a mental health diagnosis for billing which contradicts the philosophy that battering is a choice and not a form of mental illness. Additionally, batterers, as part of learning accountability and responsibility for their actions, should pay for the services they receive.

8.8 Duration.

The recommended duration of group intervention is 52 sessions or longer, with 26 sessions being the acceptable minimum. The 26 session minimum is to be completed in a period not less than 26 weeks, exclusive of intake. Group sessions shall be a minimum of 90 minutes, with a maximum of two hours.

NOTE: Although research does not necessarily point to a particular length of program, practice wisdom and victim experience point to a recommendation of longer durations of intervention. Longer participation allows for more exposure to the material being presented in the educational groups and more opportunity for professional staff and probation to be observing and monitoring the batterer’s behavior.

8.9. Liability.

Each BIS provider shall have professional liability and any other insurance required by Michigan law.

8.10 Non-Discrimination.

Every program shall comply with all Michigan statutes regarding non-discrimination.

8.11 Refusal of Service.

Each BIS has the right to refuse services to any batterer, except as provided in Section 8.10. In these cases, the program has an obligation to make a referral to an appropriate agency and/or back to the court.

8.12 Record Keeping.

Case files shall be kept by the BIS and include the following information concerning each participant: communications with the court(s), communications with the participant, documentation of reasoning for program completion, discharge, and/or intervention(s), attendance and participation information, payment

information, contracts, release forms, intake information. Any record of communications with the batterer's victim must be kept in a separate file.

8.13 Re-Offense.

The BIS shall have a written policy in place that addresses consequences for batterers upon re-offense while enrolled in the program. A copy of this policy shall be provided to program participants upon admission. Consequences for re-offense shall include reporting the offense to probation. Other consequences may include discharge from the program, an order to re-start the program, or other sanctions.

8.14 Reporting Methods.

Each program provider shall develop an agreement with its referring courts regarding reporting procedures (e.g. when the batterer re-offends or fails to comply with program rules and expectations).

NOTE: If information regarding re-offense is gained through the victim, the report to probation may only be made with the victim's permission.

9.0 Program Staff

9.1 Prerequisite Credentials for Facilitators.

Each facilitator must have experience and training in interpersonal skills, group dynamics, and specific issues in domestic violence as it relates to both victims and batterers.

a) Each facilitator must have:

- 1) A bachelor's degree, or, in lieu of a bachelor's degree, two years of equivalent experience involving direct contact work with victims and/or batterers, AND
- 2) 40 hours of direct, face-to-face facilitating or co-facilitating experience in batterer intervention groups, AND
- 3) 40 hours of training including, but not limited to: causes and dynamics of domestic violence, legal issues surrounding domestic violence, facilitation skills with batterer intervention groups, characteristics of batterers, victim safety and sensitivity to victims, and assessment and intake skills with batterers.

Facilitators shall be able to provide documentation of this training. This training may be provided internally by the BIS provider.

b) No BIS shall employ any individual as a facilitator, paid or volunteer, who has been a perpetrator of domestic violence except under the following conditions:

- 1) The individual has completed a BIS; and
- 2) There has been no reported violence for a minimum of two years.

9.2 Prerequisite Credentials for Program Coordinators.

All coordinators of BIS programs shall have a Master's degree with one year of work experience in domestic violence or a bachelor's degree with two years of work experience in domestic violence. All coordinators must also have met the requirements stipulated in section 9.1.

9.3 Interns, Volunteers, and Trainees.

Individuals working within a BIS as an intern, volunteer, or trainee can co-facilitate groups only with an individual who meets facilitator requirements. Experience gained in this capacity can be applied toward meeting facilitator requirements.

9.4 On-going Training.

All facilitators must participate in a minimum of 20 hours per year of continuing training regarding domestic violence related issues. This training can be obtained through a combination of internal and external sources, but a minimum of 10 hours must be obtained externally. Further, this training cannot consist of self-teaching by individual use of books or tapes. The BIS provider must document this training.

10.0 Collaboration and Coordination with the Community

The consensus in the field of batterer intervention strongly supports the use of multiple coordinated interventions to respond most effectively to domestic violence. The BIS shall encourage and participate in a coordinated community response to domestic violence. Such a response should include a strong safety network for victims, enforced pro-active arrest and prosecution policies, victim advocates with the criminal justice system, and the use of probation and incarceration, as well as intervention programs for batterers. The BIS must seek to establish cooperative, accountable relationships with local domestic violence programs and the criminal justice system. The BIS should actively participate in community education and domestic violence prevention.

APPENDIX A: LETHALITY EVALUATION

LETHALITY INDICATORS

This list was composed with the current information. This list may change as more is learned about the possibility of predicting lethality. Service providers should recognize that information obtained from the batterer may not always be accurate or complete. Accordingly, information tending to indicate low risk of lethality may need to be reevaluated. Each program should have a plan in place for the gathering of collateral information which will maintain victim safety. To the extent that this information is gathered from one source its reliability may be limited. Widely accepted components of lethality assessments include but are not limited to the following:

Access to the victim:

Simply put the batterer can not kill his partner if he does not have a way to gain access to her. Unless he is incarcerated there is always the chance that he will find her and kill her—no protective order can prevent that. However, the likelihood that a homicide will occur decreases as the ability to gain access to his partner decreases. Since his behavior cannot be controlled unless he is incarcerated, the physical location and safety of the victim must be at the forefront of any decision making. Safety planning with a victim must always seek to limit the access that the batterer has to his (ex-) partner.

Frequency and severity of abuse:

Incidences of violence in intimate partner relationships increase in frequency and severity over time. When assessing lethality, this progression should be examined very carefully. A batterer who is showing clear signs of assaulting his partner on a regular (daily or weekly) basis, causing significant physical injuries, has held his partner captive, or is using weapons or objects to assault her is demonstrating an increased risk of lethality.

History of stalking behaviors by the batterer:

A batterer demonstrates stalking behaviors by: following his partner, calling her repeatedly at her work, waiting outside her work or the place she is living, calling, writing her letters, and sending her “presents” repeatedly after she has left or attempted to leave. This kind of behavior demonstrates the batterer’s refusal to recognize or accept his partner’s separation from him. A batterer who engages in such stalking behaviors is at increased risk of homicide because he believes that his partner has no right to have a life of her own, free from his control. He demonstrates his belief, and sometimes expressly states it, that “If I can’t be with her, if I can’t have her, then no one will.”

Rage:

A batterer who exhibits rage—not simply anger and disapproval—surrounding his (ex)partner’s behavior (i.e. that she dared to leave or behave in a way inconsistent with his wishes) has an increased chance of being lethally violent toward the victim.

“Ownership” of the battered partner:

The batterer who says “Death before divorce!” or “You belong to me and will never belong to another!” or “If I can’t have you nobody will!” may be stating a fundamental belief that the victim has no right to life separate from him. A batterer who believes he is absolutely entitled to a woman’s services, obedience and loyalty, no matter what, may be life-endangering.

Centrality of the partner:

A man who idolizes his partner, or who depends heavily on her to organize and sustain his life, or who has isolated himself from all other community, may retaliate against a partner who decides to end the relationship. He rationalizes that her “betrayal” justifies his lethal “retaliation”.

Mental health problems:

Where a batterer has been or may become acutely depressed and sees little hope for moving beyond the depression, he may be more likely to commit homicide and/or suicide. Research shows that many men who are hospitalized for depression have homicidal fantasies directed at family members. In addition the presence of other mental health diagnoses should be considered in making the lethality assessment.

Repeated intervention by law enforcement:

Partner or spousal homicide almost always occurs in a context of historical violence. Prior intervention by the police indicates an elevated risk of life-threatening conduct.

Escalation of risk taking:

A less obvious indicator of increasing danger may be the sharp escalation of personal risk undertaken by a batterer. The chances of lethal assault increase significantly when a batterer begins to act without regard to the legal or social consequences that previously constrained his violence.

Threats of homicide or suicide:

The batterer who has threatened to kill his (ex)partner, himself, the children or her relatives must be considered extremely dangerous.

Fantasies of homicide or suicide:

The more the batterer has developed a fantasy about who, how, when and/or where to kill, the more dangerous he may be. The batterer who has previously acted out part of a homicide or suicide fantasy may be invested in killing as a “solution to his problems”.

Weapons:

When a batterer possesses, collects, or is obsessed with weapons and/or has used them or has threatened to use them in the past in his assaults on women, the children or himself, there is an increased potential for lethal assault. If a batterer has a history of arson or the threat of arson, fire should be considered a weapon.

Timing:

A batterer may choose to kill when he believes that he is about to lose his (ex)partner, when he concludes that she is permanently leaving him, or if he cannot envision life without her. Women are most likely to be murdered when attempting to report abuse or to leave an abusive relationship. That is not to say that all batterers kill when they conclude that the victim is separating from him. Some kill long before they have any idea that the victim may be thinking about leaving. Therefore, it is not safe to assume that because she hasn't made plans to leave, that the batterer will not be dangerous.

History of antisocial behavior:

A batterer who has demonstrated aggressive behavior to the general public such as bar fights, gang related violence, job related violence, vandalism, repeated unlawful behavior is likely to be more dangerous.

Holding victim captive:

One who holds his victim captive is at high risk of inflicting homicide. Between 75% and 90% of all incidences where the victim is held captive in the United States are related to domestic violence situations.

Drugs and alcohol:

Batterers with a history of problems with drugs and/or alcohol show a higher risk. In addition, regardless of their drug and/or alcohol history, intoxication at the time of assault shows significant risk to partners.

Violence in his family of origin:

The more severe the violence either experienced personally, or observed, in the family of origin, the greater the risk.

Cruelty to animals:

Many victims have testified about their experience with batterers who neglect or abuse pets, farm animals or wild animals, or force them or their children to do so. Consider this a risk factor.

Further reading:

This list of risk indicators is not exhaustive. The reliability of the information gathered depends on the source of that information. The batterer most often will be the least reliable source of information as to his risk of dangerousness.

A number of tools have been developed. Programs should refer to the following:

1. A Danger Assessment, Jackie Campbell
2. Manual for the Spousal Assault Risk Assessment Guide (2nd Edition)
3. Assessing Dangerousness Questions, Duluth, MN

This information was gathered primarily from Barbara Hart and the Pennsylvania Coalition Against Domestic Violence and edited by staff of Alternatives to Domestic Aggression, Catholic Social Services of Washtenaw County and staff of the DVP, Inc./ SAFE House.

APPENDIX B: FIA 3200 REPORT

REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT

Michigan Family Independence Agency

INSTRUCTIONS:

REFERRING PERSON: Complete items 1-20. Send PART 1 to local County Family Independence Agency where the child is found. Retain PART 2 for your records. See additional instructions on back.

1. Date

2. List of Child(ren) Suspected of being Abused or Neglected (List additional children on back of Part 1)

NAME	BIRTH DATE	SOCIAL SECURITY #	SEX	RACE

3. Father's Name

4. Mother's Name

5. Name of Alleged Perpetrator of Abuse or Neglect

6. Relationship to Child(ren)

7. Child(ren)'s Address (No. & Street)

8. City

9. County

10. Phone No.

11. Person(s) the Child(ren) Living with when Abuse / Neglect Occurred

12. Address, City & Zip Code where abuse/neglect occurred

13. Describe Injury or Conditions and Reason for Suspicion of Abuse or Neglect

14. Source of Referral (Check appropriate box)

- | | | |
|---|---|--|
| <input type="checkbox"/> PHYSICIAN | <input type="checkbox"/> AUDIOLOGIST | <input type="checkbox"/> PROFESSIONAL COUNSELOR |
| <input type="checkbox"/> MEDICAL EXAMINER (Coroner) | <input type="checkbox"/> SOCIAL WORKER | <input type="checkbox"/> TEACHER |
| <input type="checkbox"/> DENTIST/DENTAL HYGIENIST | <input type="checkbox"/> SCHOOL ADMINISTRATOR | <input type="checkbox"/> LAW ENFORCEMENT OFFICER |
| <input type="checkbox"/> NURSE | <input type="checkbox"/> SCHOOL COUNSELOR | <input type="checkbox"/> CHILD CARE PROVIDER |
| <input type="checkbox"/> EMERGENCY MEDICAL SERVICES PERSONNEL | <input type="checkbox"/> PSYCHOLOGIST | <input type="checkbox"/> HOSPITAL |
| | | <input type="checkbox"/> MARRIAGE/FAMILY THERAPIST |
| | | <input type="checkbox"/> FIA FACILITY |
| | | <input type="checkbox"/> DCH FACILITY |
| | | <input type="checkbox"/> OTHER (Specify below) |

15. Referring Person's Name

16. Name of Referring Organization (school, hospital, etc.)

17. Address (No. & Street)

18. City

19. State

20. Phone No.

TO BE COMPLETED BY MEDICAL PERSONNEL WHEN PHYSICAL EXAMINATION HAS BEEN DONE

21. Summary Report and Conclusions of Physical Examination		
22. Laboratory Report		23. X-Ray
24. Other (specify)		25. History or Physical Signs of Previous Abuse / Neglect <input type="checkbox"/> YES <input type="checkbox"/> NO
26. Prior Hospitalization or Medical Examination for this Child		
DATES	PLACES	
27. Physician's Signature	28. Date	29. Hospital (if applicable)

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA Office in your county.
FIA-3200 (Rev. 4-93) Previous edition may be used.

AUTHORITY: P.A. 238 OF 1975.
COMPLETION: Mandatory.
PENALTY: None.

*INCLUDES CERTIFIED SOCIAL WORKER, SOCIAL WORKER, SOCIAL WORK TECHNICIAN (Act No. 352, P.A., of 1972, as amended)